

Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2003**Open to Public  
Inspection**A For the 2003 calendar year, or tax year beginning , and ending****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization

YOUTH DEVELOPMENT FUND, INC.

Number and street (or P O box if mail is not delivered to street address)

Room/suite

8 CANBERRA DRIVE

City or town, state or country, and ZIP + 4

KNOXVILLE

TN 37923

**D** Employer ID number

58-1494135

**E** Telephone number

865-690-8521

**F** Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable  
trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an  
organization covered by a group ruling? ☐ Yes ☐ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is not required  
to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ N/A**J** Organization type(check only one) ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000

The organization need not file a return with the IRS; but if the organization received a  
Form 990 Package in the mail, it should file a return without financial data. Some states  
require a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 4,080,467**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)**1** Contributions, gifts, grants, and similar amounts received**a** Direct public support

1a 4,080,467

**b** Indirect public support

1b

**c** Government contributions (grants)

1c

**d** Total (add lines 1a through 1c) (cash \$ 4,080,467 noncash \$ )

1d 4,080,467

**2** Program service revenue including government fees and contracts (from Part VII, line 93)

2

**3** Membership dues and assessments

3

**4** Interest on savings and temporary cash investments

4

**5** Dividends and interest from securities

5

**6a** Gross rents

6a

**b** Less rental expenses

6b

**c** Net rental income or (loss) (subtract line 6b from line 6a)

6c

**7** Other investment income (describe ▶ )

7

**8a** Gross amount from sales of assets other  
than inventory

(A) Securities

(B) Other

8a

**b** Less cost or other basis and sales expenses

8b

**c** Gain or (loss) (attach schedule)

8c

**d** Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

**9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ of  
contributions reported on line 1a)

9a

**b** Less direct expenses other than fundraising expenses

9b

**c** Net income or (loss) from special events (subtract line 9b from line 9a)

9c

**10a** Gross sales of inventory, less returns and allowances

10a

**b** Less cost of goods sold

10b

**c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

**11** Other revenue (from Part VII, line 103)

11

**12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 4,080,467

**13** Program services (from line 44, column (B))

13 350,515

**14** Management and general (from line 44, column (C))

14 175,088

**15** Fundraising (from line 44, column (D))

15 3,447,714

**16** Payments to affiliates (attach schedule)

16

**17** Total expenses (add lines 16 and 44, column (A))

17 3,973,317

**18** Excess or (deficit) for the year (subtract line 17 from line 12)

18 107,150

**19** Net assets or fund balances at beginning of year (from line 73, column (A))

19 354,839

**20** Other changes in net assets or fund balances (attach explanation)

See Stmt 1

20 47,787

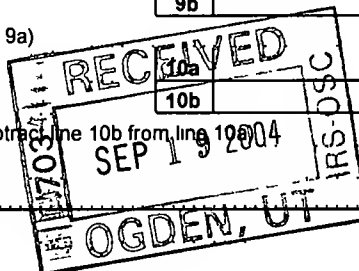
**21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 509,776

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990 (2003)

SCANNED SEP 29 2004



**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____ )	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30	3,362,300		3,362,300
31	Accounting fees	31	11,572	11,572	
32	Legal fees	32	13,046	13,046	
33	Supplies	33	1,160	1,160	
34	Telephone	34	2,127	2,127	
35	Postage and shipping	35	1,477	1,477	
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	24,433	24,433	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	919	919	
43	Other expenses not covered above (itemize): a	43a			
	b See Statement 2	43b	556,283	350,515	120,354
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	3,973,317	350,515	175,088

3,362,300

11,572

13,046

1,160

2,127

1,477

24,433

919

120,354

85,414

Joint Costs. Check ☒ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☒ No ☐

If "Yes," enter (i) the aggregate amount of these joint costs \$ 3,703,955 , (ii) the amount allocated to Program services \$ 170,827 .

(iii) the amount allocated to Management and general \$ 85,414 , and (iv) the amount allocated to Fundraising \$ 3,447,714

**Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)**

What is the organization's primary exempt purpose?

► SUPPORT CHILDREN'S EDUCATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) &amp; (4) orgs. &amp; 4947(a)(1) trusts, but optional for others.)

a SUPPORT AND PROMOTE EDUCATION PROGRAMS AND SERVICES FOR CHILDREN

(Grants and allocations \$ ) 350,515

b

(Grants and allocations \$ )

c

(Grants and allocations \$ )

d

(Grants and allocations \$ )

e Other program services (attach schedule)

(Grants and allocations \$ )

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

350,515

**Part IV Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				(A) Beginning of year		(B) End of year
<b>45</b> Cash-non-interest-bearing				15,811	<b>45</b>	118,268
<b>46</b> Savings and temporary cash investments					<b>46</b>	
<b>47a</b> Accounts receivable						
<b>b</b> Less allowance for doubtful accounts					<b>47c</b>	
<b>48a</b> Pledges receivable						
<b>b</b> Less allowance for doubtful accounts					<b>48c</b>	
<b>49</b> Grants receivable					<b>49</b>	
<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)					<b>50</b>	
<b>51a</b> Other notes and loans receivable (attach schedule)						
<b>b</b> Less allowance for doubtful accounts					<b>51c</b>	
<b>52</b> Inventories for sale or use					<b>52</b>	
<b>53</b> Prepaid expenses and deferred charges					<b>53</b>	612
<b>54</b> Investments-securities See Stmt 3 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV				54,243	<b>54</b>	102,030
<b>55a</b> Investments-land, buildings, and equipment: basis						
<b>b</b> Less accumulated depreciation (attach schedule)					<b>55c</b>	
<b>56</b> Investments-other (attach schedule) See Stmt 4				280,000	<b>56</b>	285,000
<b>57a</b> Land, buildings, and equipment: basis				7,491		
<b>b</b> Less accumulated depreciation (attach schedule) See Stmt 5				3,625	<b>57c</b>	3,866
<b>58</b> Other assets (describe )					<b>58</b>	
<b>59</b> Total assets (add lines 45 through 58) (must equal line 74)				354,839	<b>59</b>	509,776
<b>60</b> Accounts payable and accrued expenses					<b>60</b>	
<b>61</b> Grants payable					<b>61</b>	
<b>62</b> Deferred revenue					<b>62</b>	
<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)					<b>63</b>	
<b>64a</b> Tax-exempt bond liabilities (attach schedule)					<b>64a</b>	
<b>b</b> Mortgages and other notes payable (attach schedule)					<b>64b</b>	
<b>65</b> Other liabilities (describe )					<b>65</b>	
<b>66</b> Total liabilities (add lines 60 through 65)				0	<b>66</b>	0
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>						
<b>67</b> Unrestricted				354,839	<b>67</b>	509,776
<b>68</b> Temporarily restricted					<b>68</b>	
<b>69</b> Permanently restricted					<b>69</b>	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>						
<b>70</b> Capital stock, trust principal, or current funds					<b>70</b>	
<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund					<b>71</b>	
<b>72</b> Retained earnings, endowment, accumulated income, or other funds					<b>72</b>	
<b>73</b> Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)				354,839	<b>73</b>	509,776
<b>74</b> Total liabilities and net assets / fund balances (add lines 66 and 73)				354,839	<b>74</b>	509,776

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	4,128,254
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		47,787
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	47,787
<b>c</b>	Line a minus line b	<b>c</b>	4,080,467
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	4,080,467

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	3,973,317
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	3,973,317
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	3,973,317

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Richard H. Bowen 8 Canberra Drive Knoxville TN 37923	President 45+	341,655	0	0
Andrew Smalls 400 Larch Circle Knoxville TN 37909	Sec./Treas. 1 per year	0	0	0
Sissie Suddarth 8629 Wimbeldon Knoxville TN 37923	Board of Dir 1 per year	0	0	0
Harold Ward, Jr. 6729 Sanddle Knoxville TN 37921	Board of Dir 1 per year	0	0	0

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  
If "Yes," attach schedule-see page 28 of the instructions

☒ Yes ☐ No

See Stmt 6

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <b>Crusade for Child Safety, Inc.</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed SEE ATTACHED STATEMENT	90b	0
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)		
91	The books are in care of RICHARD H BOWEN, JR. Located at 8 CANBERRA DR, KNOXVILLE, TN	Telephone no. 865-690-8521 ZIP + 4 37923	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	0
105 Total (add line 104, columns (B), (D), and (E))					0

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
●	
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please

Date

Date Preparer's SSN or PTIN (See Gen. Instr. W)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**  
**(Except Private Foundation) and Section 501(e), 501(f), 501(k),**  
**501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**  
**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2003**

Name of the organization

Employer identification number

YOUTH DEVELOPMENT FUND, INC.

58-1494135

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	▶			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Associated Community Services, Inc. 24681 Northwestern Hwy	Fund Raising	3,107,769
Telequal 117 East Webster	Fund Raising	246,936
Total number of others receiving over \$50,000 for professional services	▶	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )			
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>		X
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>		X
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	X	
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>		X
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	<b>3a</b>		X
<b>3b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>		X
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4</b>		X

See Stmt 7

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,617,669	3,806,425	4,087,330	1,443,273	13,954,697
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
<b>23</b> Total of lines 15 through 22	4,617,669	3,806,425	4,087,330	1,443,273	13,954,697
<b>24</b> Line 23 minus line 17	4,617,669	3,806,425	4,087,330	1,443,273	13,954,697
<b>25</b> Enter 1% of line 23	46,177	38,064	40,873	14,433	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					279,094
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					13,954,697
<b>d</b> Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					
<b>e</b> Public support (line 26c minus line 26d total)					13,954,697
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					100.0000%
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year					N/A
(2002) (2001) (2000) (1999)					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					N/A
(2002) (2001) (2000) (1999)					
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
<b>d</b> Add: Line 27a total _____ and line 27b total _____					
<b>e</b> Public support (line 27c total minus line 27d total)					
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					%
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement )	31		
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) N/ACheck ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-			
<b>If the amount on line 40 is-</b>	<b>The lobbying nontaxable amount is-</b>		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount



3540A

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

### Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions.	Name of Exempt Organization	Employer identification number
	YOUTH DEVELOPMENT FUND, INC.	58-1494135
	Number, street, and room or suite no. If a P O box, see instructions 8 CANBERRA DRIVE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instr KNOXVILLE TN 37923	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• If the organization does **not** have an office or place of business in the United States, check this box ☐

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ☐ If it is for **part** of the group, check this box ☐ and attach a list with the

names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/04

5 For calendar year 2003, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension  
Additional time is requested to gather information to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title CFA Date 8/3/04

### Notice to Applicant-To Be Completed by the IRS

☐ We have approved this application Please attach this form to the organization's return

☐ We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return

☐ We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period

☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested

☐ Other \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

Director

Date

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	Pinkstaff, Daniels & Simpson, P.C.
	Number and street (include suite, room, or apt no.) Or a P O. box number
	8858 Cedar Springs Lane, Suite 5000
	City or town, province or state, and country (including postal or ZIP code)
	Knoxville TN 37923

Form **8868**

(December 2000)

Department of the Treasury

Internal Revenue Service

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note:** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed

Form 8868.

**Part I Automatic 3-Month Extension of Time-** Only submit original (no copies needed)**Note:** Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	YOUTH DEVELOPMENT FUND, INC.	58-1494135
	Number, street, and room or suite no. If a P.O. box, see instructions. 8 CANBERRA DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KNOXVILLE TN 37923	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 8/16/04 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2003 or
- ▶ ☐ tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Signature] Title ▶ CPA Date ▶ 9/29/04

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

**Youth Development Fund, Inc.**

58-1494135

Form 990, Part VI, Line 90a

Alabama  
Arkansas  
California  
Delaware  
Florida  
Georgia  
Iowa  
Idaho  
Illinois  
Indiana  
Kansas  
Kentucky  
Maryland  
Missouri  
Montana  
Nebraska  
New Jersey  
Nevada  
Ohio  
Oklahoma  
Oregon  
Virginia  
Washington  
Wyoming  
Texas  
Tennessee  
Pennsylvania

**Federal Statements****Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
Net unrealized gains on investments	\$ <u>47,787</u>
Total	\$ <u><u>47,787</u></u>



## Federal Statements

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
BANK CHARGES	25,411		25,411	
DUES & SUBSCRIPTIONS	252		252	
PRIZES & WISHES	179,688	179,688		
INSURANCE	4,535		4,535	
REGISTRATION FEES	4,140		4,140	
UTILITIES	602		602	
CONSULTING FEES	341,655	170,827	85,414	85,414
Total	\$ 556,283	\$ 350,515	\$ 120,354	\$ 85,414

## Federal Statements

**Statement 3 - Form 990, Part IV, Line 54 - Investments in Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock	54,243	102,030	Market
	<u>54,243</u>	<u>102,030</u>	

**Statement 4 - Form 990, Part IV, Line 56 - Other Investments**

Description	Beginning of Year	End of Year	Basis of Valuation
Minority equity interests	\$ 280,000	\$ 285,000	Cost
Total	<u>\$ 280,000</u>	<u>\$ 285,000</u>	

**Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Furniture & equipment	\$ 7,491	\$ 2,706	\$ 7,491	\$ 3,625
Total	<u>\$ 7,491</u>	<u>\$ 2,706</u>	<u>\$ 7,491</u>	<u>\$ 3,625</u>

**Federal Statements****Statement 6 - Form 990, Part V, Line 75 - Information on Compensation Exceeding \$100,000**

<u>Payee Name</u>	<u>Related Organization Name1</u>			
<u>Related Organization Name2</u>	<u>Organization EIN</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Richard H. Bowen	Crusade for Child 31-1657950	Safety, Inc. 71,500		

**Statement 7 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of  
Exp**

See Form 990 Part V

**Federal Statements****Form 990, Part I, Line 1a - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Direct public support	\$ 4,080,467	\$	\$ 4,080,467
Total	\$ 4,080,467	\$ 0	\$ 4,080,467